## **STATEMENT OF**

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in to the community of the commun	(Check if name Example: If is changed) over the line	typying, type
Public Service	Enterprise Group Inc. PAC	
ADDRESS (number and s	80 Park Plaza	
(Check if address is changed)		NJ 07102 _
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI  (Check if address is changed)	L ADDRESS (Please provide only one e-mail address)  mark.kahrer@pseg.com	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 0.1	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C003834	89
4. IS THIS STATEM	ENT X NEW (N) OR A	MENDED (A)
I certify that I have examined by the Type or Print Name of	ned this Statement and to the best of my knowledge and belief  Freasurer Mark Kahrer	it is true, correct and complete
Signature of Treasurer	Electronically Filed by Mark Kahrer	Date 03 / DDD / YYYYYY
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the personal ANY CHANGE IN INFORMATION SHOULD I	
Office Use Only	Federa Toll Fr	rther information contact: al Election Commission ee 800-424-9530 (Revised 02/2009)